PART B - FEE(S) TRANSMITTAL

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appropriate. All hother co indicated unless conscient maintenance fee notification	rm should be used for tran rrespection or directed otherwise ns.	Patent, advance or in Block I, by (a	ders and noti) specifying	fication of maintenance fe a new correspondence add	es will be mai ress; and/or (b	led to the current indicating a sepa	correspondence address as trate "FEE ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Fee(s) Transmittal papers. Each addi	l. This certifica tional paper, su	te cannot be used f ich as an assignme	or domestic mailings of the for any other accompanying ent or formal drawing, must	
	590 04/06/2005			have its own certif	ficate of mailing	g or transmission.	- -	
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				Danielle Grougg			(Depositor's name)	
			Han	ielle	Stage	(Signature)		
•				Apr	il 26	2505	(Date)	
APPLICATION NO.	FILING DATE	1	FIRST NAME	O INVENTOR	ATTORN	EY DOCKET NO.	CONFIRMATION NO.	
10/781,078	02/18/2004 Eleanor Schule			Schuler	920	607-95550	1844	
TITLE OF INVENTION: IMPLANTABLE METHOD TO REGULATE BLOOD PRESSURE BY MEANS OF CODED NERVE SIGNALS 05/02/2005 DTESSEM2 00000047 10781078								
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APPLN. TYPE	SMALL ENTITY	ISSUE FI	ΞE	PUBLICATION FEE	02 FC+1504 03 FC: <i>8</i> 0091^	L FEE(S) DUE	DATE DE 00 OP	
nonprovisional	YES	\$700		\$300	10 (010001	\$1000	07/06/2005	
EXAMINER			ART UNIT CLASS-SUBCLASS					
ALTER, ALYSSA M 37				607-044000				
Change of correspondence address or indication of "Fee Address" (37)				ting on the patent front pag	ge, list			
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PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
3. ASSIGNEE NAME AND	RESIDENCE DATA TO B	E PRINTED ON T	HE PATENT	(print or type)				
PLEASE NOTE: Unless recordation as set forth in	an assignee is identified be 37 CFR 3.11. Completion	elow, no assignee of this form is NOT	data will app \(a substitute	ear on the patent. If an as for filing an assignment.	ssignee is iden	tified below, the d	ocument has been filed for	
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)								
Science	Medicus, In	C.	Albu	guerque, NM	1			
Please check the appropriate	e assignee category or catego	ries (will not be pri	nted on the p	atent): 🗖 Individual 🕻	Corporation	or other private gro	oup entity Government	
4a. The following fee(s) are	enclosed:	4b	. Payment of					
Issue Fee A check in the amount of the fee(s) is enclosed.								
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Advance Order - #0	Copies		Deposit Acc	ount Number	S58 the last	(enclose an extra c	opy of this form).	
((from status indicated above MALL ENTITY status. See		b. Applic	ant is no longer claiming S	MALL ENTIT	Y status. See 37 C	FR 1.27(g)(2).	
	is requested to apply the Issue the Issue of the United States Pate							
Authorized Signature	Vuc	~		Date		los		

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